

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTC-875)

SERIAL NO. 091834307 FILING DATE

APPLICANT(S)

2/25/10 1 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
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43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				
52	1				
53	1				
54	1				
55	1				
56	1				
57	1				
58	1				
59	1				
60	1				
61	1				
62	1				
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85	1				
86	1				
87	1				
88	1				
89	1				
90	1				
91	1				
92	1				
93	1				
94	1				
95	1				
96	1				
97	1				
98	1				
99	1				
100	1				
TOTAL IND.	6				
TOTAL DEP.	54				
TOTAL CLAIMS	60				